02676

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH COUNTY Cecil. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. LENGTH OF STAY (in this place) 20 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital.	STREET ADDRESS (If rural, give location) Biddle St.

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) (Last) Allen			4. DATE OF DEATH (Month) March (Day) 20 (Year) 1950		
5. SEX M.	6. COLOR OR RACE Wh.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH July 10, 1894	9. AGE last birthday 55 yrs.	If under 1 year Months. Days / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Former. Retired Farm owner		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cecilton.		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Jacob. Allen			14. MOTHER'S MAIDEN NAME Connonder Robinson.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Miss Nellie Allen		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
491X Immediate cause	(a) Broncho pneumonia	2 days
Antecedent cause(s)		
108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Spastic palsy	31 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 18, 1950, to March 20, 1950, that I last saw the deceased alive on March 19, 1950, and that death occurred at 6 30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry Davis	MD.	Chesapeake City Md	3/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Mar 23/50	NAME OF CEMETERY OR CREMATORY Bethel	LOCATION (City, town, or county) (State) New Chesapeake City Md
DATE REC'D BY LOCAL REG. Mar 22	REGISTRAR'S SIGNATURE F R Frazer	24. FUNERAL DIRECTOR H W Tippen & Son	ADDRESS Elkton Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

July 10 1894

RECEIVED
MAR 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02677

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 24 hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Elmon Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Howard	(Middle) John	(Last) Anderson	4. DATE OF DEATH	(Month) March (Day) 27 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: 3-9-11	9. AGE last birthday: 39 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farm Crop	11. BIRTHPLACE (State or foreign country): Tuckerdale N.C.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Ambrose Anderson	14. MOTHER'S MAIDEN NAME: Edith Cook				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Mrs Howard Anderson			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause	(a) Acute nephritis	3 days
475 X Antecedent cause(s)		
133 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Upper respiratory infection	10 days
	(c) Infected Teeth	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephrectomy — right — ~~1940~~ 1941

19a. DATE OF OPERATION: Nous —	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) —	(COUNTY) —	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from March 24, 1950, to March 27, 1950, that I last saw the deceased alive on March 27, 1950 and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Milford H. Sprecher	M.D.	Elkton, Md	March 28-1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 3-30-50	NAME OF CEMETERY OR CREMATORY: Fairfield Pa.	LOCATION (City, town, or county) (State): Near Peach Bottom Pa
DATE REC'D BY LOCAL REG.: Mar 28	REGISTRAR'S SIGNATURE: F R Frazer	24. FUNERAL DIRECTOR: J E Tyson	ADDRESS: Risen Sun Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1950
BERKELEY 4, CALIF.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02678

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH — COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cecilton — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cecilton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) ANDERSON

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 21 1875

9. AGE last birthday: 76 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock Feeder

10b. KIND OF BUSINESS OR INDUSTRY: Cattle

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Patrick Anderson

14. MOTHER'S MAIDEN NAME: Henrietta Registes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mable Vanderson Cecilton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X **Immediate cause** (a) Chronic myocarditis — Interval Between Onset and Death: 6 mos

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic hypertension — 6 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19, 1950, to Mar 2, 1950, that I last saw the deceased alive on Mar 1, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Allan R. Cruchley (Degree or title): MD ADDRESS: Cecilton Md DATE SIGNED: 3-5-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: March 5 1950 — NAME OF CEMETERY OR CREMATORY: Cecilton Cemetery — LOCATION (City, town, or county) (State): Cecilton Md.

DATE REC'D BY LOCAL REG.: March 6-50 — REGISTRAR'S SIGNATURE: Mrs Harold W. Cheyney

24. FUNERAL DIRECTOR: Edward Pellow — ADDRESS: Millington Md.

12260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 7 1950
BUREAU U. S.

02679

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~200~~ 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecilton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cecilton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) H (Last) BAILEY

4. DATE OF DEATH (Month) March (Day) 5 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH April 14 1875
9. AGE last birthday 74 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Tenant
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James T Bailey
14. MOTHER'S MAIDEN NAME Susan Husfelt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs Lydia Bailey Rural Cecilton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	1 month
177 × Antecedent cause(s)		
51 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Prostate	3 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	3 years

19a. DATE OF OPERATION Prostatectomy 1/29/48
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to 5 March, 1950, that I last saw the deceased alive on 5 March, 1950, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

SIGNATURE Klaus H Hudner (Degree or title) M.D. ADDRESS North East, Md DATE SIGNED 6 March '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 8 1950
NAME OF CEMETERY OR CREMATORY Johntown Cemetery
LOCATION (City, town, or county) Rural Earlville (State) Md.

DATE REC'D BY LOCAL REG. March 7, 1950
REGISTRAR'S SIGNATURE ~~Edward Fellows~~ Mr. F. R. Frazer per g.
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1950
BUREAU V. S.

02680

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Blueball. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Blueball.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) FRANKLIN (Last) BARRETT
4. DATE OF DEATH (Month) 3 (Day) 9 (Year) 1950

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 8-8-1871
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer.
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Cabreat Md.
12. CITIZEN OF WHAT COUNTRY U S A.

13. FATHER'S NAME Fletcher Barrett
14. MOTHER'S MAIDEN NAME Mulvina Irvin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary Emma Barrett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Myocarditis Chronic

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson, MD, DME (Degree or title) ADDRESS Rising Sun Md DATE SIGNED 3-9-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 14. '50
NAME OF CEMETERY OR CREMATORY Oxford Cem.
LOCATION (City, town, or county) Oxford Chester Co. (State) Pa.

DATE REC'D BY LOCAL REG. 3/13/1950
REGISTRAR'S SIGNATURE L W Worthington
24. FUNERAL DIRECTOR C P Rogers ADDRESS Ifford Pa

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
MAR 15 1950
BUREAU V. S.

02681

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural give location): West High

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Henry Mitchell Biddle
4. DATE OF DEATH (Month) (Day) (Year): Mar 30 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Oct 21-1862
9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carting
10b. KIND OF BUSINESS OR INDUSTRY: Freight
11. BIRTHPLACE (State or foreign country): Cecil Co. Md.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Thomas Nelson Biddle
14. MOTHER'S MAIDEN NAME: Julia Stump
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Clarence Biddle - Elkton - Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 hrs

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis — unknown

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Age

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1946 to Mar 30, 1950, that I last saw the deceased alive on Mar 29th 1950, and that death occurred at 8.45 a. m. 3/30/50, from the causes and on the date stated above.

SIGNATURE (Degree or title): F. H. McKnight - M.D. — ADDRESS: Elkton - Maryland — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4/1/50 — NAME OF CEMETERY OR CREMATORY: Elkton — LOCATION (City, town, or county): Elkton — (State): Md

DATE REC'D BY LOCAL REG.: Apr 1 — REGISTRAR'S SIGNATURE: F R Frazer — 24. FUNERAL DIRECTOR: H. W. Pippin & Son — ADDRESS: Elkton Md

420 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 3 1980
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02682

Reg. Dist. No. 92

Stephen Boardley

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

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VS. A15

1. PLACE OF DEATH: COUNTY: Cecil	MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton	LENGTH OF STAY (in this place): 1 mo. 3 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital, Elkton, Md.	
2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland	COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton (Rural)	
STREET ADDRESS (If rural, give location): R.2. Elkton	

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Steven	Boardley		3	19	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col.	Widowed	April, 15, 1871	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm Laborer	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Minnie Talley - Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Extraperitoneal Rupture of Bladder sec. to acute urinary retention	7wks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) sec. to Spinal Syphilis, late;	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (1) Diabetes Mellitus; (2) Hypertensive Cardio-vascular Disease. (1) 7 years (2) ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 29 Jan., 1950, to 19 March, 1950, that I last saw the deceased alive on 18 March, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Hans H Hunter M.D.	North East, Md	19 March '50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/24/50	Methodist Cem.	Bohemia Manor, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 24	E K Frazer	Edw R Bell	909 Poplar St.

866VV Wil. Dela

RECEIVED
MAR 27 1940
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

02683

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY CECIL — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point, — LENGTH OF STAY (In this place) 13 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS VA Hospital, Perry Point, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE VIRGINIA — COUNTY FAIRFAX
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
   STREET ADDRESS (If rural give location) 824 Queen Street ✓

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) L. (Last) BROOKS

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: August 4, 1904

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Unk.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lincoln G. Brooks

14. MOTHER'S MAIDEN NAME: Elizabeth F. Tancil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-2

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Hospital Records
    VA Hospital, Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PULMONARY EMBOLUS	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	CARCINOMA OF LUNGS WITH METASTASES	UNKNOWN

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) —— m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? ——

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. C. Dodson M.D. Rising Sun, Md. — (Degree or title) — ADDRESS: Rising Sun Md. — DATE SIGNED: 3/26-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 3/29/50 — NAME OF CEMETERY OR CREMATORY: ARLINGTON NATIONAL CEMETERY — LOCATION (City, town, or county) FORT MYER, VIRGINIA. (State)

DATE REC'D BY LOCAL REG.: Mar 29, 1950 — REGISTRAR'S SIGNATURE: Irene E. Maughs

24. FUNERAL DIRECTOR — ADDRESS: PENNINGTON & SON, HAVRE DE GRACE, MD.

30899

VS: A15A

RECEIVED
MAR 31 1993
BUREAU V. T.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02684

CERTIFICATE OF DEATH

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rising Sun Rural
LENGTH OF STAY (in this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Graybeal Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rising Sun, Rural
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Edgar (Middle) Warren (Last) Brown

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 23, 1879

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Window Decorator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Bazil Brown

14. MOTHER'S MAIDEN NAME: Annie Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Edward Dixon Phila. Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Failure — ?

177X Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Nephritis — ?

(c) Carcinoma of Prostate — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 26, 19.49, to March 8, 19.50, that I last saw the deceased alive on March 8, 19.50, and that death occurred at Calvert M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. J. Engle, M.D. — ADDRESS: 518 Market St. Oxford Pa. — DATE SIGNED: 3/10/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: March 13, 1950 — NAME OF CEMETERY OR CREMATORY: Brookview — LOCATION (City, town, or county) (State): Near Rising Sun Md.

DATE REC'D BY LOCAL REG.: 3/11/1950 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: J. E. Upson. — ADDRESS: Rising Sun, Md.

31279

RECEIVED
MAR 14 1950
BUREAU OF S.

02685

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) FRANK. (Middle) (Last) BRYSON
4. DATE OF DEATH (Month) 3 (Day) 16 (Year) 1950
5. SEX M.
6. COLOR OR RACE Mute
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 10-5-1880
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Cecil Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Frank-Bryson
14. MOTHER'S MAIDEN NAME no information
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 113-07-8436
17. INFORMANT Stephen Bryson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pistol bullet Perforating frontal

976x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under ying cause last (b) bone from Rt side above

164c

(c) Rt eye and emerging left Rt temporal bone.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home.
(CITY OR TOWN) Elkton Rural (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 3 (Day) 16 (Year) 50 (Hour) 9 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Used 32 pistol.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE R. le Dodson (Degree or title) M.D. D.M.E. ADDRESS Rising Sun Md DATE SIGNED 3-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 24/50
NAME OF CEMETERY OR CREMATORY North East
LOCATION (City, town, or county) North East (State) Md

DATE REC'D BY LOCAL REG. Mar 22
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton Md

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 23 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02686

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) Hitchcock (Last) CAMPBELL
4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-24-1886
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Port Deposit, Md. Rural
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Hitchcock
14. MOTHER'S MAIDEN NAME: Mary Craig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Robert J. Campbell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Edema of lungs — 2 days

163x Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of lung

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1950, to 3/28, 1950, that I last saw the deceased alive on 3/27, 1950, and that death occurred at 1 A. m., from the causes and on the date stated above.

SIGNATURE: Herbert Bates — (Degree or title): M.D — ADDRESS: Elkton Md — DATE SIGNED: 3/28/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-31-50 — NAME OF CEMETERY OR CREMATORY: Asbury Cemetery — LOCATION (City, town, or county) (State): Port Deposit Rural Md.

DATE REC'D BY LOCAL REG.: Mar 28 — REGISTRAR'S SIGNATURE: F. R. Frazer — 24. FUNERAL DIRECTOR: Lee A. Patterson & Son, Perryville, Md. — ADDRESS:

RECEIVED
MAR 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02687

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point, Md. LENGTH OF STAY (in this place) six days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital, Perry Point, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location) Charles Street

3. NAME OF DECEASED (Type or Print): (First) BERNICE (Middle) CHRISTOPHER (Last) CARTER

4. DATE OF DEATH (Month) March (Day) 19, (Year) 1950

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 4-10-1897

9. AGE last birthday 52 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dining Hall Waiter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Cecil County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME CHARLES CARTER, Deceased

14. MOTHER'S MAIDEN NAME ALICE PENNICK, Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-1

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS VA Hospital, Hospital Records, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) TUMOR, Cerebral, Malignant, unclassified	Unknown
193 X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) PNEUMONIA, Hypostatic	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3-17-50

19b. MAJOR FINDINGS OF OPERATION Brain tumor, probably meningioma involving both frontal lobes

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that VA X attended the deceased from Mar. 13, 1950, to Mar. 19, 1950, ~~[illegible]~~ and that death occurred at 12:30 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E.P. Brannon
E.P. BRANNON, M.D., Chief, Professional Services, VAH., Perry Point, Md. 3-19-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE 3-19-50 NAME OF CEMETERY OR CREMATORY Bohemia Manor Cemetery LOCATION (City, town, or county) (State) Route, Chesapeake City, Md.

DATE REC'D BY LOCAL REG. March 19, 1950 REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR ADDRESS Charles H. Gray
CHARLES H. GRAY FUNERAL HOME, INC., 722 Walnut Street, Wilmington, Delaware.

78071

RECEIVED
MAR 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02688

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JANE	ANNIE	CARTER.	3	9	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored.	Wid.	7-22-1878	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired Domestic	Housewife-Home	Rowlandville Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George James Boddy.	Nancy O Jones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Helen Alexander

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under lying cause last 932	(b) Cerebro sclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R A Dodson	M.D. DmE	Rising Sun Md	3-9-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 12 1950	Int Geor	Conowingo Cecil Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
MCh 11-1950	L M Worthington	J. E. Tyson	Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
MAR 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02689

CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Georgianna (Middle) (Last) Copeland

4. DATE OF DEATH: (Month) March (Day) 30, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 8 1887

9. AGE last birthday: 62 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Atlantic City N. J.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Georgianna Leonard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Ralph Foster Conowingo. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X **Immediate cause** (a) Pulmonary edema

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 27, 1950, to March 30, 1950, that I last saw the deceased alive on March 29, 1950, and that death occurred at 11:25 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

[signature] MD — Rising Sun Md — 3/30/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: April 3 1950 — NAME OF CEMETERY OR CREMATORY: Harmony Chapel — LOCATION (City, town, or county): Rowlandville — (State): Md.

DATE REC'D BY LOCAL REG.: 3/31/1950 — REGISTRAR'S SIGNATURE: [signature] Wallington

24. FUNERAL DIRECTOR: J. Earl Tyson — ADDRESS: Rising Sun, Md

RECEIVED
APR 3 1950
MCKRAU V.

02690

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place) 29 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) J.	(Last) DOHERTY	4. DATE OF DEATH	(Month) Mar. (Day) 7, (Year) 1950
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 4-22-1889	9. AGE last birthday 60 yrs.	If under 1 year: Months 10, Days 15; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Unk.	11. BIRTHPLACE (State or foreign country) Lynn, Mass.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Unknown - deceased		14. MOTHER'S MAIDEN NAME Unknown - deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If year, give war or dates of service) WW-I	16. SOCIAL SECURITY No. 1 663 206	17. INFORMANT AND ADDRESS Hospital records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, bronchial	3-4 days
177X Antecedent cause(s)	due to	
51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of prostate	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) --	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --	(CITY OR TOWN) -- (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? --	

22. I hereby certify that I VA attended the deceased from Feb. 8, 1950, to Mar. 7, 1950, ~~that I last saw the deceased alive on~~ ~~19~~, and that death occurred at 10:40 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. Mar. 8, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 3-10-50	NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery, Baltimore, Md.	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. March 10, 1950	REGISTRAR'S SIGNATURE Irene E. Dougherty	24. FUNERAL DIRECTOR Pennington & Son	ADDRESS

PENNINGTON & SON, Havre de Grace, Md.

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02691

CERTIFICATE OF DEATH

Reg. Dist. No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Rural
LENGTH OF STAY (in this place) 12 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Eliza (Last) Dunlap

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 8 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mary Eliza McQuinn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT: Isabella Wannall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Influenza with respiratory failure	1 week
Antecedent cause(s)	(b) Cardiac failure, chronic congestive	several years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

481X 53 191X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the diseass or condition causing death. Cancer of skin of the nose — several years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 19[illegible], to March, 19[illegible], that I last saw the deceased alive on March 16, 1950, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Theodore J Bishoff	M.D.	Rear St. Rising Sun	March 18/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 20 1950	Freemont	Near Rising Sun Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mch 18-1950	[illegible]	J. E. Tyson	Rising Sun Md

VS. A15

RECEIVED
MAR 22 1950
BUREAU V. S.

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02692

CERTIFICATE OF DEATH

Reg. Dist. No. 92

FILM No. G 125 MAR 31 1950

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Earleville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): ~~(First)~~ LAST GREEN — ~~(Middle)~~ FIRST ALFRED — ~~(Last)~~ MIDDLE E

4. DATE OF DEATH (Month) (Day) (Year): March 18 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: March 12 '86
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant
10b. KIND OF BUSINESS OR INDUSTRY: Amusements
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Green
14. MOTHER'S MAIDEN NAME: Tomhard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): —
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mrs Ethel Green. Earleville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema — 1 day

410X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lobar Pneumonia — terminal condition (3/31/50 akc) — 3 days

108 (c) Mitral regurgitation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7, 1950, to 3/18, 1950, that I last saw the deceased alive on 3/18, 1950, and that death occurred at 5.51 A m., from the causes and on the date stated above.

SIGNATURE: J Herbert Bates (Degree or title) — ADDRESS: Elkton Md — DATE SIGNED: 3/18/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: March 21 1950 — NAME OF CEMETERY OR CREMATORY: Cecilton Cemetery — LOCATION (City, town, or county): Cecilton Md. (State)

DATE REC'D BY LOCAL REG.: Mar 20 — REGISTRAR'S SIGNATURE: L R Frazer — 24. FUNERAL DIRECTOR: Edward Fellows Millington Md. — ADDRESS

156 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 22 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02693

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 1 yr. 2mos. 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norfolk
STREET ADDRESS (If rural, give location) 7401 E. Kinmore Drive, Apt. A. ✓

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) C. (Last) GRIMES

4. DATE OF DEATH: (Month) March (Day) 12, (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-25-1888

9. AGE last birthday: 61 yrs. If under 1 year: Months 9, Days 17; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Norfolk, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown - deceased

14. MOTHER'S MAIDEN NAME: Unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓ (If year, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: 231 10 0634

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tuberculosis, pulmonary, far advanced, left — Unknown

002X

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia, right lower lobe

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Absence, left kidney, acquired

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) --
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) --
TIME OF INJURY (Month) (Day) (Year) (Hour) m. --
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? --

22. I hereby certify that I VA attended the deceased from Dec. 23, 1948, to Mar. 12, 1950, ~~that I last saw the deceased~~ ~~xxxxxxxxxxxxxxxxxxxx~~, and that death occurred at 11:15 PM m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon
(Degree or title) E. P. BRANNON, M.D., Chief, Professional Services
ADDRESS: VA Hospital, Perry Point, Md.
DATE SIGNED: 3-16-50

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE: 3-16-50
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Fort Myer, Va.

DATE REC'D BY LOCAL REG.: March 16, 1950
REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: PENNINGTON & SON, Havre de Grace, Md

XVX99

I

VS. A15

RECEIVED
MAR 20 1950
BUREAU Y

MARYLAND STATE DEPARTMENT OF HEALTH

02694

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown — LENGTH OF STAY (In this place) 1 LIFETIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) ELLEN (Last) HEVERIN

4. DATE OF DEATH: (Month) 3 (Day) 5 (Year) 1950

5. SEX: F — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Jan 25 1864 — 9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Jacksontown Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Lamar. — 14. MOTHER'S MAIDEN NAME: no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Mary Heverin.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334 Immediate cause (a) Hemiplegia Rt Side.

83d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under lying cause last (b) Hypertension.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I look charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. E. Dodson (Degree or title) MD — ADDRESS Rising Sun Md. — DATE SIGNED 3-5-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 3-8-50 — NAME OF CEMETERY OR CREMATORY Charlestown — LOCATION (City, town, or county) Charlestown — (State) Md

DATE REC'D BY LOCAL REG. 3-8-50 — REGISTRAR'S SIGNATURE Sarah C. Rothermel — 24. FUNERAL DIRECTOR Jasper R Grant — ADDRESS North East Md

VS. A15A

RECEIVED
MAR 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02695

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON RD5 — LENGTH OF STAY (in this place): 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON RD5
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) NORVAL (Middle) RUTLEDGE (Last) HILLYARD
4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1950
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: Oct 30 1896
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAPER MAKER
10b. KIND OF BUSINESS OR INDUSTRY: PAPER MFG
11. BIRTHPLACE (State or foreign country): OXFORD RURAL PA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: BENJAMIN R. HILLYARD
14. MOTHER'S MAIDEN NAME: LAURA R. POLLACK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I
16. SOCIAL SECURITY No.: 213-05-3987
17. INFORMANT AND ADDRESS: Mrs Norval R Hillyard Elkton RD Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X Immediate cause (a) Coronary thrombosis — 3/12/50

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio renal vascular disease

(c) Diabetes mellitus — March 49 +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1949, to March 12, 1950, that I last saw the deceased alive on March 12, 1950, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE: Herbert Boles — (Degree or title): MD — ADDRESS: Elkton Md — DATE SIGNED: 3/13/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 3-15-50 — NAME OF CEMETERY OR CREMATORY: FRIENDS — LOCATION (City, town, or county) (State): CALVERT, CECIL CO. Md

DATE REC'D BY LOCAL REG.: Mar 13 — REGISTRAR'S SIGNATURE: F R Frazer — 24. FUNERAL DIRECTOR: Joseph R Grant — ADDRESS: North East Md

49611

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02696

CERTIFICATE OF DEATH

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fredricktown; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fredricktown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HENRIETTA (Middle) (Last) HOGANS

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 7, 1871

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework.

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Sewell

14. MOTHER'S MAIDEN NAME: Kathryn Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Coley Hogans - Fredricktown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause (a) Hypertensive Heart Disease — Interval Between Onset and Death: 5 years

Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12/31/49 19..., to Mar 28, 19 50, that I last saw the deceased alive on Mar. 26, 19 50, and that death occurred at 1 11- P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. H. Hamilton M.D. Millington Md. Mar 31/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: April 1, 1950 — NAME OF CEMETERY OR CREMATORY: Crailton Cemetery — LOCATION (City, town, or county) (State): Crailton Md.

DATE REC'D BY LOCAL REG.: April 1-1950 — REGISTRAR'S SIGNATURE: Mrs Harold A. Cheyney

24. FUNERAL DIRECTOR: Edward Fellows. — ADDRESS: Millington Md.

52086

RECEIVED
APR 3 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02697

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 20 yrs. 9 mos. 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit
STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print): (First) LEONARD (Middle) - (Last) HOLLINGSWORTH

4. DATE OF DEATH: (Month) Mar. (Day) 25, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	Single	Mar. 11, 1899	51 yrs.	0	14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	--	Newburgh, New York	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles M. Hollingsworth - deceased	Elva Belle Clifford - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	Peace time 7/2/20-1/7/21	None	Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral embolism and thrombosis	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia, bronchial	
	(c) Pulmonary edema	

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: Encephalitis lethargica, residuals, Parkinsonian syndrome with psychosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
--				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
-- m.		

22. I hereby certify that I/VA attended the deceased from 6-3- 1929 to 3-25- 1950, that ~~I saw the deceased~~, and that death occurred at 12:25 PM., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willy Oppler	WILLY OPPLER, M.D.,	Actg. Chief, Professional Services, VAH	Perry Point, Md. 3-27-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	3-28-50	Fort Lincoln Cemetery,	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 28, 1950	Irene E. Daugherty	Lee A Patterson & Son	LEE A. PATTERSON & SON, PERRYVILLE, MD.

VS. A15

XVX 94

RECEIVED
MAR 30 1950
BUREAU Y. S.

02698

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural LENGTH OF STAY (In this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Lillie (Middle) Ellen (Last) Howell

4. DATE OF DEATH (Month) 3 (Day) 21 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec. 1, 1875
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Floyd Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Harvey Cockram
14. MOTHER'S MAIDEN NAME Millie Jane Dehart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Jesse Lawson Rising Sun Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Collapse

241 × Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchial Pneumonia and

107 (c) Bronchial Asthma

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18, 1950, to 3/20, 1950, that I last saw the deceased alive on 3/20, 1950, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE R C Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 3-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 24 1950
NAME OF CEMETERY OR CREMATORY Brookview
LOCATION (City, town, or county) (State) Rising Sun Md.

DATE REC'D BY LOCAL REG. Mar 23-1950
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR J. E. Tyson Rising Sun. ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 27 1950
BUREAU V. S.

02699

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Elkton
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Edward (Last) Ingram

4. DATE OF DEATH (Month) March (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH August 24, 1871
9. AGE last birthday 78 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Owner
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Ash Co N C
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John C Ingram
14. MOTHER'S MAIDEN NAME Christian Farmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes. (If year, give war or dates of service) S.A.
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Paul D Ingram Whiteford Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage - multiple	3-4 days
Antecedent cause(s)	(b) Generalized Metastatic Carcinomia	2 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

199X
55e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Non specific Myocarditis — 2 1/2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1947, to March, 1950, that I last saw the deceased alive on March 5, 1950, and that death occurred at 5:48A m., from the causes and on the date stated above.

SIGNATURE George J Kreis, Jr (Degree or title) MD ADDRESS Elkton, Md DATE SIGNED 3-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 10, 1950
NAME OF CEMETERY OR CREMATORY Darlington Cem
LOCATION (City, town, or county) Harford Co Md (State)

DATE REC'D BY LOCAL REG. Mar 8
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. S. Bailey ADDRESS Darlington

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAR 9 1950
BUREAU V A

age: item 8 plus Army Disch. Filmed 3/28/50 G124-C

MARYLAND STATE DEPARTMENT OF HEALTH

02700

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY CECIL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point, Md. LENGTH OF STAY (in this place) three days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital Perry Point, Md.	STREET ADDRESS (If rural, give location) 1206 Nolan Court

3. NAME OF DECEASED (Type or Print)	(First) BENJAMIN	(Middle) E.	(Last) JACKSON	4. DATE OF DEATH	(Month) March	(Day) 19	(Year) 1950
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-6-23	9. AGE last birthday ~~27~~ 26 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer in Lumber Co & G.I. student in Tailoring	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) York County, Pennsylvania	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME BENJAMIN JACKSON	14. MOTHER'S MAIDEN NAME BERTHA HALL						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) WW-II	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Hospital Records, VA Hospital, Perry Point, Maryland					

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PNEUMONIA, Bronchial, Bilateral, primary	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) EDEMA CEREBRAL, Mild (secondary to (a)	Unknown
	(c)	

491X
107

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy, grand mal

19a. DATE OF OPERATION --	19b. MAJOR FINDINGS OF OPERATION --	20. AUTOPSY? Yes ☒ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY --	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR? --

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson, M.D. (Degree or title) R. C. DODSON, M.D., Rising Sun, Maryland ADDRESS Rising Sun Md DATE SIGNED 3-19-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 3-~~20~~ 21-50	NAME OF CEMETERY OR CREMATORY ~~Unknown~~ Baltimore Mtg Co	LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. March 20, 1950	REGISTRAR'S SIGNATURE Irene E. Daugherty	24. FUNERAL DIRECTOR Robert L. Young 1216 N. Caroline St	ADDRESS ROBERT L. YOUNG, 1216 N. Caroline Street Balto. Md. Baltimore, Maryland

98873

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 22 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02701

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY CECIL; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON Rural; LENGTH OF STAY (in this place) 2 YRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rd 5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY CECIL; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON RURAL; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JEMIMA	-	JERMYN	3 -	12 -	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	12-4-1873	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	CHESTER Co PA	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W.T. THOMPSON	SARAH A BELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	none	Elmer Jermyn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, arteriosclerotic Cardio-vascular disease	?
	(c)	

443X
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 6, 1950, to March 12, 1950, that I last saw the deceased alive on March 11, 1950, and that death occurred at 12 02 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Ralph Anderson, Jr.	M.D.	Elkton, Md	March 13, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-15-50	Grove Cemetery	West Chester R.D. Chester Co. Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 13	F.K. Frazer	Joseph T. Grant	North East, Md

RECEIVED
MAR 15 1950
BUREAU

02702

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (In this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS also known as LEWIS P Jester

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD 2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) LUE (Middle) P (Last) JESTER
4. DATE OF DEATH (Month) 3 (Day) 10 (Year) 1950

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 9 1890
9. AGE last birthday 69 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand
10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (State or foreign country) Fredlersville, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nathan Thomas Jester
14. MOTHER'S MAIDEN NAME Lydia Bostic

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes - W.W.I (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-16-4727
17. INFORMANT Mrs Viola Bostic

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

430.1 Immediate cause (a) Acute Coronary Thrombosis

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson MD (Degree or title) DME ADDRESS Rising Sun Md DATE SIGNED 3-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mch 14-1950
NAME OF CEMETERY OR CREMATORY Crompton Cemetery
LOCATION (City, town, or county) (State) Crompton Kent Co. Md

DATE REC'D BY LOCAL REG. Mar 13
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
MAR 15 1950
BUREAU V. S.

02703

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital Perry Point, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE (ZONE 17)
STREET ADDRESS (If rural, give location) 717 MOSHER

3. NAME OF DECEASED (Type or Print) (First) ERNEST (Middle) (NMI) (Last) JOHNSON

4. DATE OF DEATH (Month) March (Day) 23 (Year) 1950

5. SEX MALE
6. COLOR OR RACE NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 10-26-95
9. AGE last birthday 54 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Stevedore
11. BIRTHPLACE (State or foreign country) CAROLINE COUNTY, VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME UNKNOWN
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If year, give war or dates of service) WW-I
16. SOCIAL SECURITY No. UNKNOWN 217-07-2711
17. INFORMANT AND ADDRESS Hospital Records VA Hospital, PerryBPoint, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, bronchial, bilateral	48 hrs.
Antecedent cause(s)	(b) Coronary Sclerosis, severe	Unknown
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis, Generalized, severe	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	and Tertiary Syphilis from history.	Unknown

420.1

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Sept. 29, 1948, to Mar. 23, 1950, ~~that I last saw the deceased~~ ~~alive on 19~~, and that death occurred at 11:50 PM m., from the causes and on the date stated above.

SIGNATURE E. Brannon (Degree or title) ADDRESS DATE SIGNED
E.P.BRANNON, M.D., Chief, Professional Services, VAH., Perry Point, Md. 3-25-50

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE 3-25-50
NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. March 25, 1950
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR Charles G. Cooper CHARLES G.COOPER, ADDRESS 512 N. Carrollton Ave., Baltimore, Maryland.

98851

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1950
BUREAU V. S.

02704

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Curtis Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) Curtis Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alice		Marcus	March	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	Wh	W	Feb. 15, 1903	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	Restaurant	Elkton	U.S.

13. FATHER'S NAME James N. Marcus

14. MOTHER'S MAIDEN NAME Leora Ferguson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Delbert Marcus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

446X **Immediate cause** (a) Cardiac Insufficiency — 1 year

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension — 6 years
(c) Chr. Interstitial Nephritis — 6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 16, 1948 to March 21, 1950, that I last saw the deceased alive on March 15, 1950, and that death occurred at 3:30 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James L. Johnson	M.D.	245 E. High St. Elkton, Md.	3/22/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 24/50	Calvin Manor M.P.	Elkton Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 22	H.B. Frazer	H.W. Tippin & Son	Elkton Md

72071

VS. A15

RECEIVED
MAR 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02705

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1207 Morse Street, N.E.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) C. (Last) MAYO

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 10, 1896

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Custodian

10b. KIND OF BUSINESS OR INDUSTRY: Education

11. BIRTHPLACE (State or foreign country): Buckingham, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Albert Mayo

14. MOTHER'S MAIDEN NAME: Lucy Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 1491-85-454

17. INFORMANT AND ADDRESS: Hospital Records, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intestinal obstruction due to post-operative adhesions	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of stomach, resected	1 year
	(c) Abscess, subdiaphragmatic, left, post-operative	3 days

151
46b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 5, 1950

19b. MAJOR FINDINGS OF OPERATION: Intestinal obstruction due to post-operative adhesions

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 1-25, 1950, to 3-5-, 1950, that I last saw the deceased alive on ..., 1950, and that death occurred at 9:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E.P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md.

ADDRESS: Perry Point, Md.

DATE SIGNED: Mar. 6, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: March 6, 1950

NAME OF CEMETERY OR CREMATORY: Mount Hebron Cemetery

LOCATION (City, town, or county) (State): Montclair, New Jersey

DATE REC'D BY LOCAL REG.: March 6, 1950

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR AND ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

98891

RECEIVED
1960

MARYLAND STATE DEPARTMENT OF HEALTH

02706

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Cecil; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest towo) OR TOWN: Perry Point; LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1129 Avenue C.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood; STREET ADDRESS (If rural give location): 66 Battle Street

3. NAME OF DECEASED (Type or Print): (First) Chester (Middle) - (Last) McNutt

4. DATE OF DEATH: (Month) March (Day) 29, (Year) 1950

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-25-20

9. AGE last birthday: 29 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hospital Aide

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Indianola, Miss.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown - no information

14. MOTHER'S MAIDEN NAME: No information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkoown): Yes (If yes, give war or dates of service): WW-II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Katherine Hunt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
776	Immediate cause	(a) Penetrating .38 cal. bullet wound, right side of head, 1/2 inch anterior to the ear	Immediate
164C	Antecedent cause(s) Diseases or conditinns, if any, giving rise to the above cause stating the under ying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing tn the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home
(CITY OR TOWN): Perry Point, (COUNTY): Cecil (STATE): Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): 3/29/50 - 12:30 PM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?: Shot himself after shooting his wife

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: R. C. Dodson M.D. D.M.E. (Degree or title)
ADDRESS: R. C. DODSON, M.D., D.M.E., Rising Sun, Maryland
DATE SIGNED: March 29, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4/4/50
NAME OF CEMETERY OR CREMATORY: Leland
LOCATION (City, town, or county) (State): Leland, Miss.

DATE REC'D BY LOCAL REG.: Mar 31, 1950
REGISTRAR'S SIGNATURE: Irene E. Daugherty
24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: Havre de Grace, Md.

720 97

VS. A15A

RECEIVED
APR 13 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02707

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (In this place): 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood
STREET ADDRESS (If rural give location): 66 Battle Street ✓

3. NAME OF DECEASED (Type or Print): (First) NEOMI (Middle) JORDAN (Last) McNUTT

4. DATE OF DEATH: (Month) March (Day) 29, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 10-21-1915

9. AGE last birthday: 34 yrs. If under 1 year: Months 5, Days 8, Hours, Min.

10a. USUAL OCCUPATION (Give k'nd of work done during most of working life, even if retired): Maid

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Indianola, Miss.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Sylvester Jordan

14. MOTHER'S MAIDEN NAME: No information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Katherine Hunt

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock — 3 hrs.

98 1X
166
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Penetrating .38 calibre bullet wound, auditory canal, left ear; also right side chest and right thigh

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN): Perry Point, (COUNTY): Cecil, (STATE): Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): 3/29/50 -12:30 PM

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Shot by her estranged husband

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒ undetermined ☐.*

SIGNATURE (Degree or title): R. C. Dodson M.D. D/M.E.

ADDRESS: R. C. DODSON, M.D., D/M.E., Rising Sunn Maryland

DATE SIGNED: 3/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 3-29-50

NAME OF CEMETERY OR CREMATORY: Unknown

LOCATION (City, town, or county) (State): ←

DATE REC'D BY LOCAL REG.: Mar 29, 1950

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: Burial with Elmer C. Bullock

ADDRESS: BULLOCK FUNERAL HOME, Havre de Grace, Md

Elmer C. Bullock

77097

VS. A15A

RECEIVED
MAR 31 1950
BUREAU V. M.

02708

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH — COUNTY: Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Chesapeake City
LENGTH OF STAY (in this place): 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 213 Old.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Near Chesapeake City.
STREET ADDRESS (If rural, give location): Route 213 -

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Annie Motovylak
4. DATE OF DEATH (Month) (Day) (Year): Mar. 24 1950

5. SEX: F.
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.
8. DATE OF BIRTH: Sept 18, 1887
9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Do at Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife.
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Motovylak
14. MOTHER'S MAIDEN NAME: Catherine Hula

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Simon Motovylak Ches. City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X Immediate cause (a) Heart block — 4 days

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 20, 1950, to March 24, 1950, that I last saw the deceased alive on March 24, 1950, and that death occurred at 4 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Henry N Davis MD — ADDRESS: Chesapeake City Md — DATE SIGNED: 3/26/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial. DATE: Mar. 27/50 NAME OF CEMETERY OR CREMATORY: St Roses. LOCATION (City, town, or county) (State): Chesapeake City, Md

DATE REC'D BY LOCAL REG.: March 24-1950 REGISTRAR'S SIGNATURE: Iris Bayle H Bee
24. FUNERAL DIRECTOR: R W Pippin & Son ADDRESS: Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1950
BUREAU V. S.

mw

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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02709

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 1 day 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.J. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salem.
STREET ADDRESS (If rural give location) 18 Chesnut St. Oakwood Beach.

3. NAME OF DECEASED (Type or Print) (First) HOWARD (Middle) B (Last) NEWKIRK Jr.
4. DATE OF DEATH (Month) 3 (Day) 30 (Year) 1950
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-27-1915
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Club Owner.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salem. N.J.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Howard Newkirk
14. MOTHER'S MAIDEN NAME Jane Murphy.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Howard Newkirk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

822.5 Immediate cause (a) Crushed left side of chest. Punctured lung. Fracture of left fibula, contused left eye, scrotum & lower abdomen.

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under ying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Route 213 (CITY OR TOWN) Cecilton (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 3 (Day) 29 (Year) 50 (Hour) 3 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto turned over.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson (Degree or title) M.D. D.M.E. ADDRESS Rising Sun Md DATE SIGNED 3-30-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF April 2, 1950
NAME OF CEMETERY OR CREMATORY East View Cemetery
LOCATION (City, town, or county) Salem (State) N.J.
DATE REC'D BY LOCAL REG. Mar 30
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton, Md.

15671

RECEIVED
APR 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02710

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT, | LENGTH OF STAY (in this place) 19yrs11mos9days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital Perry Point, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 3303 Taylor Avenue

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) ANDREW (Last) PLUM

4. DATE OF DEATH: (Month) March (Day) 31, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 21, 1896

9. AGE last birthday: 53 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None mail clerk

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post office

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ANDREW PLUM

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records Veterans Administration Hospital, Perry Point Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) ARTERIOSCLEROTIC VASCULAR DISEASE — Interval Between Onset and Death: Unknown

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA ☒ attended the deceased from April 22, 1930, to March 31, 1950, ~~that I last saw the deceased~~ ~~xxxx

RECEIVED
APR 3 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

02711

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH
COUNTY: CECIL
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL-ELKTON CHERRY HILL
LENGTH OF STAY (in this place): 55 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL ELKTON
STREET ADDRESS (If rural, give location): CHERRY HILL

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) F. (Last) PURSLEY

4. DATE OF DEATH: (Month) 3 (Day) 19 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: APR. 15, 1867

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER - OWNER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): IRELAND

12. CITIZEN OF WHAT COUNTRY?: UNITED STATES

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown) (If year, give war or dates of service): UNKNOWN

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: WM. F. PURSLEY, JR ELKTON R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia — Interval Between Onset and Death: 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral hemorrhage — 1 week

(c) Cardio vascular renal disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 30, to 3/19, 19 50, that I last saw the deceased alive on 3/19, 19 50, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE: Herbert Baker (Degree or title)

ADDRESS: Elkton Md

DATE SIGNED: 3/20/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE: 3/22/50

NAME OF CEMETERY OR CREMATORY: ELKTON CATHOLIC CEMETERY

LOCATION (City, town, or county): ELKTON

(State): MD.

DATE REC'D BY LOCAL REG.: Mar 21

REGISTRAR'S SIGNATURE: F K Frazer

24. FUNERAL DIRECTOR: Joseph R. Grant

ADDRESS:

000 VV

RECEIVED
MAR 23 1950
BUREAU V. S.

02712

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH · COUNTY Cecil · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, · LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS E High St.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md · COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Md
STREET ADDRESS (If rural give location) E High St

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) (Last) Really
4. DATE OF DEATH (Month) March (Day) 24 (Year) 1950

5. SEX M. · 6. COLOR OR RACE Wh. · 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married · 8. DATE OF BIRTH Dec 23/1870 · 9. AGE last birthday 79 yrs. · If under 1 year Months Days · If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fishermen. · 10b. KIND OF BUSINESS OR INDUSTRY Fishing. · 11. BIRTHPLACE (State or foreign country) Penn. · 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME No Inf - Bealey. · 14. MOTHER'S MAIDEN NAME No Inf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) · 16. SOCIAL SECURITY NO. · 17. INFORMANT Bert Singleton, Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH · INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) P Raget's Disease of Bone · 3 years.

731X Antecedent cause(s)

155 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION · 19b. MAJOR FINDINGS OF OPERATION · 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) · PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. · INJURY OCCURRED While at Work ☐ Not While At work ☐ · HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 1948, to March 24, 1950 that I last saw the deceased alive on March 23, 1950, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milford H. Sprecher, MD - Elkton, Md March 25 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial · DATE Mar. 27/50 · NAME OF CEMETERY OR CREMATORY Gilpin Manor Memorial Pk · LOCATION (City, town, or county) (State) Elkton, Md.

DATE REC'D BY LOCAL REG. Mar 26 · REGISTRAR'S SIGNATURE F R Frazer · 24. FUNERAL DIRECTOR H W Pippen & Son · ADDRESS Elkton, Md

900 V1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1950

Dr. Van Norden

02713

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Wilhelmina (Middle) A. (Last) Reed				4. DATE OF DEATH (Month) March (Day) 13 (Year) 1950			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept 25 1865	9. AGE last birthday 84 yrs.	If under 1 year Months 5	Days 16	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY House Wife	11. BIRTHPLACE (State or foreign country) Chesapeake City Md.			12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME James F. Allen			14. MOTHER'S MAIDEN NAME Sarah Morris				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Leroy Allen				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Rectum — about 2 yrs

154X Antecedent cause(s)

46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1924, to Mar. 13, 1950, that I last saw the deceased alive on March 12, 1950, and that death occurred at 8:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. E. Van Norden, M.D. — ADDRESS Chesapeake City, Md. — DATE SIGNED March 16, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/16/50	NAME OF CEMETERY OR CREMATORY Bethel	LOCATION (City, town, or county) Chesapeake City (State) Md.
DATE REC'D BY LOCAL REG. March 14-1950	REGISTRAR'S SIGNATURE Wm Ralph H. Reed	24. FUNERAL DIRECTOR H. W. Pippen - Elkton - Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 20 1950
BUREAU V. S.

02714

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Josephine (Middle) May (Last) Robbins
4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 1950

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept 9, 1907
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY Keeping House
11. BIRTHPLACE (State or foreign country) Penn
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Millard Ribbins
14. MOTHER'S MAIDEN NAME Viola Star.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT George Robbins Avondale. RD1, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Thrombosis

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R L Dodson MD D.M.E. (Degree or title) ADDRESS Rising Sun Md DATE SIGNED 3-19-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial. DATE THEREOF Mar 22/50 NAME OF CEMETERY OR CREMATORY Unityville LOCATION (City, town, or county) Unityville, Pa (State)

DATE REC'D BY LOCAL REG. Mar 21 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 26 1950
BUREAU V. S.

02715

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location) RD 2

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) F (Last) ROSS
4. DATE OF DEATH: (Month) 8 (Day) 2 (Year) 1950
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-9-1878
9. AGE: Last birthday 71 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Chesapeake City Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Harvey Ross
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. B. F. Ross Rural Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemiplegia Right Side — 334
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Arteriosclerosis — 832
(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
R E Dodson MD — Rising Sun Md — 8-2-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: March 6 1950 — NAME OF CEMETERY OR CREMATORY: Bethel Cemetery — LOCATION (City, town, or county) (State): Near Chesapeake City Md.
DATE REC'D BY LOCAL REG.: Mar 6 — REGISTRAR'S SIGNATURE: I R Frazer
24. FUNERAL DIRECTOR: Edward Pellow — ADDRESS: Millington Md.

OOOVV

RECEIVED
MAR 7 1950

02716

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 10 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.	STREET ADDRESS (If rural, give location) E. Main St

3. NAME OF DECEASED (Type or Print) (First) Esther (Middle) Elizabeth (Last) Scott — 4. DATE OF DEATH (Month) (Day) (Year) Mar 13 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F.	Wh	Married	Sept 26 1894	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House	Wife	Chester Pa	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jessey Lamey	Hester Startt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes		—	Frank D. Scott Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Left ventricular Failure — 48 hours

Antecedent cause(s) — years

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Severe athero and arteriosclerosis — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myasthenia — 2 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 10 Oct, 1949, to 13 March, 1950, that I last saw the deceased alive on 11 March, 1950, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George J Kreis, Jr. M.D. Elkton, Md 13 March 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 16/50	Gilpin Manor Memorial	Elkton, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 16	F R Frazer	H W Pippin & Son	Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 1950
BUREAU

02717

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton - rural
STREET ADDRESS (If rural give location) RD 5

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Louisa (Last) Spence
4. DATE OF DEATH (Month) Mar (Day) 23 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug 20-1854
9. AGE last birthday 95 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cecil County Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Scarborough
14. MOTHER'S MAIDEN NAME Elizabeth Spence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Catherine Reese Cherry Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

481 X Immediate cause (a) Influenza about one week

33 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteriosclerosis unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 21, 1950, to Mar 23, 1950, that I last saw the deceased alive on Mar 21, 1950, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE V. H. McKnight (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-25-50
NAME OF CEMETERY OR CREMATORY Cherry Hill Cemetery
LOCATION (City, town, or county) Cherry Hill Cecil (State) Md

DATE REC'D BY LOCAL REG. Mar 25
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son Elkton Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1950
BUREAU V. S.

02718

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 125 High St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton.
STREET ADDRESS 125 High (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LEVI (Middle) HINTEN (Last) SPENCER.
4. DATE OF DEATH (Month) 3 (Day) 18 (Year) 1950

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH 9-12-1877
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Painter
10b. KIND OF BUSINESS OR INDUSTRY Painting
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME no information
14. MOTHER'S MAIDEN NAME no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT James Spencer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson, MD (Degree or title) D.M.E. ADDRESS Rising Sun Md DATE SIGNED 3-19-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 21/50
NAME OF CEMETERY OR CREMATORY Cherry Hill.
LOCATION (City, town, or county) Cherry Hill, Md (State)

DATE REC'D BY LOCAL REG. Mar 21
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

340V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 22 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02719

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 215

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 3 yrs. 9 mos. 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
STREET ADDRESS (If rural, give location): 403 S. Washington Street ✓

3. NAME OF DECEASED (Type or Print): (First) ~~STILES~~, BENNET (Middle) P. (Last) STILES

4. DATE OF DEATH: (Month) Mar. (Day) 13, (Year) 19 50

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 14, 1887

9. AGE last birthday: 62 yrs. If under 1 year: Months 3, Days 29. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: unk.

11. BIRTHPLACE (State or foreign country): Sparda, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown - deceased

14. MOTHER'S MAIDEN NAME: Unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 **Immediate cause** (a) Pneumonian bronchial — Interval between onset and death: 48 hrs.

107 **Antecedent cause(s)** due to

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: --

22. I hereby certify that I VA attended the deceased from May 21, 1946, to Mar. 13 1950, ~~that I last saw the deceased~~ ~~XXXX

RECEIVED
MAR 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02720

CERTIFICATE OF DEATH

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural | LENGTH OF STAY (in this place) 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. N.F. COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avondale
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) William (Last) Taylor

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced | 8. DATE OF BIRTH: June 9 1889 | 9. AGE last birthday: 60 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Colora, Md. Rural | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Carter

14. MOTHER'S MAIDEN NAME: Catherine Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) | (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: Alfred Clark, Morristown N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.1 **Immediate cause** (a) Cardiac Insufficiency — Minutes

92a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Endocarditis — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia, Pulmonary Tuberculosis — 3 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT — SUICIDE — HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14, 1949, to March 28, 1950, that I last saw the deceased alive on March 25, 1950, and that death occurred at 2 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James L Johnson M.D. — ADDRESS: 2452 High St Elkton, Md — DATE SIGNED: 3/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: March 31 1950 | NAME OF CEMETERY OR CREMATORY: Mt. Zoar | LOCATION (City, town, or county) (State): Conowingo, Md

DATE REC'D BY LOCAL REG.: MAR 31-1950 | REGISTRAR'S SIGNATURE: L M Worthington | 24. FUNERAL DIRECTOR: J. L. Tyson, Rising Sun, Md. | ADDRESS

RECEIVED
APR 3 1950
BUREAU V. P.

MARYLAND STATE DEPARTMENT OF HEALTH

02721

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural — LENGTH OF STAY (In this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) LEE (Last) Truitt

4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 18 1896

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Bethard.

14. MOTHER'S MAIDEN NAME: Mary E. Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr L F Truitt Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary disease

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R E Dodson (Degree or title) M.D. ADDRESS Rising Sun Md DATE SIGNED 3-17-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. DATE THEREOF 3m 20/50 NAME OF CEMETERY OR CREMATORY: Cherry Hill LOCATION (City, town, or county) (State): Cherry Hill Md

DATE REC'D BY LOCAL REG. Mar 19 REGISTRAR'S SIGNATURE F K Teague

24. FUNERAL DIRECTOR: Joseph R Grant ADDRESS North East Md

RECEIVED
MAR 21 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

02722

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY: Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (In this place): 9 MOS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: SOUTH CAROLINA; COUNTY: Greenville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greenville
STREET ADDRESS (If rural give location): 508 Rutherford Street ✓

3. NAME OF DECEASED (Type or Print): (First) FREDERICK H. (Middle) WAGNER (Last)

4. DATE OF DEATH: (Month) Mar. (Day) 23, (Year) 19 50

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-18-71

9. AGE last birthday: 79 yrs. If under 1 year: Months 0 Days 0 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick H. Wagner - deceased

14. MOTHER'S MAIDEN NAME: Unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-II & PI

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PNEUMONIA, bronchial, right — 2 days

903.7 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — due to

(b) Fracture, right femur

186a

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-28-50

19b. MAJOR FINDINGS OF OPERATION: Fracture, intertrochanteric, right femur

20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: VAH, Perry Point, Md.
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 26, 1950 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fell to floor

22. *I certify that I took charge of the remains deserибed above, held an Autopsy X Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. C. Dodson M.D. (Degree or title) ADDRESS: R. C. DODSON, M.D., Rising Sun, Maryland — DATE SIGNED: 3/24-50

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: Mar. 24, 1950
NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery
LOCATION (City, town, or county) (State): Woodlawn Road, Baltimore, Md.

DATE REC'D BY LOCAL REG. Mar 24, 1950
REGISTRAR'S SIGNATURE: Irma E. Dougherty
24. FUNERAL DIRECTOR ADDRESS: Wm J Tickner & Son
WILLIAM J. TICKNER & SONS, North & Penna. Aves., Baltimore, Md.

XV X 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 27 1950
BUREAU

02723

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

M

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton, — LENGTH OF STAY (in this place): 33
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Near Elkton,
STREET ADDRESS (If rural, give location): Elkton RD 2, Md

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) M. (Last) Weed
4. DATE OF DEATH (Month) Mar. (Day) 22 (Year) 1950

5. SEX: F.
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 30, 1891
9. AGE last birthday: 58 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife.
10b. KIND OF BUSINESS OR INDUSTRY: Home.
11. BIRTHPLACE (State or foreign country): Wisconsin,
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Schneider
14. MOTHER'S MAIDEN NAME: Mary Louise Bowers.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. Floyd Weed Elkton RD 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic Pneumonia — 1 day

4214 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Interstitial Nephritis

(c) Chronic Endocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, General

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1925, to Mar 22, 1950, that I last saw the deceased alive on March 23, 1950, and that death occurred at 6 58 p. m., from the causes and on the date stated above.

SIGNATURE: J Herbert Bates — (Degree or title): M.D. — ADDRESS: Elkton Md — DATE SIGNED: 3/23/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial. — DATE: Mar 25/50 — NAME OF CEMETERY OR CREMATORY: New Immaculate Conception Cemt — LOCATION (City, town, or county) (State): Elkton, Md

DATE REC'D BY LOCAL REG.: Mar 24 — REGISTRAR'S SIGNATURE: F K Frazer — 24. FUNERAL DIRECTOR: H W Kipper & Son — ADDRESS: Elkton, Md

I

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 27 1950
BUREAU V.S.